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EDITORIAL

Could Indian physiotherapists lead the assault on lifestyle-related noncommunicable diseases?



Noncommunicable diseases (NCDs) are increasingly prevalent in India, contributing to substantial socioeconomic burdens. Ketkar and colleagues [1] argue that NCD risk factors warrant being screened systematically and that the workplace is an ideal setting. They propose that physiotherapists are well positioned to screen for NCDs. Such screening is consistent with advances in the physiotherapy profession through the World Confederation for Physical Therapy [2] and two Physical Therapy Summits on Global Health [3,4]. In across-sectional study of employees (excluding clinical and housekeeping staff) of a hospital with several institutes in India, Ketkar and colleagues [1] used standardized screening procedures based on the World Health Organization STEPS instrument [5]. Some 247 employees participated. Poor diet, inactivity, and hypertension were the most common modifiable NCD risk factors. The findings enabled the informed development of employee health promotion programmes at that institution.

I applaud the investigators for this important contribution on several counts. First, the findings are novel in that they extend our knowledge regarding the prevalence of NCD risk factors in employees of a health institution, where one would predict employees would have particular awareness of positive health on well-being and of the adverse effects of poor lifestyle practices on ill health (e.g., smoking, poor nutrition choices, being overweight/obese, being inactive, and excessive alcohol consumption). Second, the study shows that NCD screening “led” by physiotherapists in the workplace (not simply participants in programmes led by others) is most feasible. Third, health promotion programmes in a health institution can be developed in an informed manner, hence their cost benefit maximized. With publicity and energy behind this initiative, the institution could be showcased as an example of a

health institution committed to a “culture of health”. The power of “healthy” health workers is illustrated in the literature; the public views health workers with healthy lifestyles as more credible. Fourth, this initiative could be extended to other health institutions in India and provide reference data, thereby promoting the spread of a “culture of health”. Fifth, this study provides a template and basis for comparison for serial measures over time at the same institution, and to assess the benefit of its health promotion initiatives. Even nonparticipants may improve their lifestyles and, in turn, their families’, given the publicity and hype about the health-promoting culture within the institution. Furthermore, with the promotion of a health-promoting culture to employees, this could well influence the patients within the institution who would be exposed to the positive health messaging around the institution (e.g., no smoking campaigns, good nutrition and activity posters). Sixth, NCD screening by physiotherapists as described in this study could be extended and evaluated in other workplaces. And, finally, given the role of physiotherapists as “health” professionals who specialize in holistic non-pharmacological approaches, it is indeed refreshing to see the profession assume leadership in addressing NCDs, particularly given that the literature supports the unequivocal role of healthy lifestyles including activity in preventing, reversing, as well as managing NCDs—a role consistent with the nonpharmacological approaches associated with the physiotherapy profession.

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